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FEE TRANSMITTAL For FY 2005		Complete if Known	
		Application Number	10/608,852-Conf. #8742
		Filing Date	June 27, 2003
		First Named Inventor	Keith M. Orr
		Examiner Name	C. Bottorff
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Art Unit	3618	
TOTAL AMOUNT OF PAYMENT	(\$) 100.00	Attorney Docket No.	104934-0002

METHOD OF PAYMENT (check all that apply)	
<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify):	
<input type="checkbox"/> Deposit Account	Deposit Account Number: 141449
Deposit Account Name: Nutter McClennen & Fish LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		Small Entity		Small Entity		Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
						Small Entity	
						Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						200	100
Multiple dependent claims						360	180
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
38		- 40 =	x		Fee (\$)		Fee Paid (\$)
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
7		- 6	x 100.00	= 100.00			
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets		Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)		
- 100 =		/50	(round up to a whole number) x				
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)						Fees Paid (\$)	
Other (e.g., late filing surcharge):							

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	44,238
Name (Print/Type)	Lisa J. Michaud	Telephone	(617) 439-2000
		Date	October 12, 2005

Fee Transmittal	
I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.	
Dated: October 12, 2005	Signature: _____ (Lisa J. Michaud)



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Keith M. Orr

Application No. : 10/608,852

Filing Date : June 27, 2003

Entitled : RECREATIONAL BINDING WITH
ADJUSTABLE SUSPENSION

Atty. Docket No. : 104934-2

Group Art Unit: 3618

Examiner: C. Bottorff

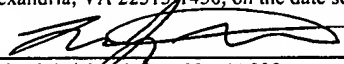
Certificate of Mailing (37 C.F.R. 1.8(a))

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Date of Signature and Mail Deposit


Lisa J. Michaud, Reg. No: 44,238
Attorney for Applicant(s)

MS Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AND RESPONSE

Dear Sir:

Applicants submit this paper in response to the Office Action dated April 5, 2005.

Amendments to the Specification being on page 2 of this paper.

Amendments to the Claims being on page 4 of this paper.

Remarks being on page 11 of this paper.

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